

JUL 18 2006

PTO/SB/82 (01-08)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/803,812
Filing Date	03/18/2004
First Named Inventor	Smith, Thomas D. III
Art Unit	
Examiner Name	
Attorney Docket Number	4056-003

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
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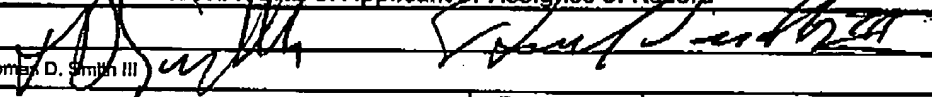
OR

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature					
Name	Thomas D. Smith III				
Date	07/17/2006	Telephone	405 519-0520		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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